



EXHIBIT B - CERTIFICATE OF INSURANCE SPECIMEN CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
Insert Date

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Insert: Insurance Agent / Broker Name Insurance Agent / Broker Street Address or P. O. Box Insurance Agent / Broker City, State & Zip Code	Provide Insurance Agent / Broker's Contact Information, Etc.	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #:	FAX (A/C, No):
	INSURED Insert: Vendor Name Vendor Street Address or P. O. Box Vendor City, State & Zip Code	NOTE: All Insurers Affording Coverage MUST be A or A- rated with A.M. Best's Key Rating Guide	INSURER(S) AFFORDING COVERAGE
NOTE: Include NAIC Number for each Insurer Affording Coverage		INSURER A: Name of Insurance Company	Enter NAIC #
		INSURER B: Name of Insurance Company (if applicable)	Enter NAIC #
		INSURER C: Name of Insurance Company (if applicable)	Enter NAIC #
		INSURER D: Name of Insurance Company (if applicable)	Enter NAIC #
		INSURER E: Name of Insurance Company (if applicable)	Enter NAIC #
		INSURER F: Name of Insurance Company (if applicable)	Enter NAIC #

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
→	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	<input checked="" type="checkbox"/>	NOTE: The Minimum Limits of General Liability are: \$4,000,000 Each Occurrence \$4,000,000 Per Project \$4,000,000 Aggregate The limits shown on this specimen indicate satisfying these limits with a combination of Primary (\$1,000,000) and Excess Coverages.			EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
→	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	<input checked="" type="checkbox"/>	NOTE: The Minimum Limits of Automobile Liability are: \$4,000,000. The limits shown on this specimen indicate satisfying these limits with a combination of Primary (\$1,000,000) and Excess Coverages.			COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
→	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DEDUCTIBLE \$ RETENTION \$	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/>	NOTE: You MUST provide sufficient Excess/Umbrella on an "Occur" basis to satisfy the required limits if any of your General Liability, Automobile Liability or Workers Compensation/ Employers' Liability Primary limits do not meet the specified requirements of the written contract. The Additional Wording on the "Certificate - Addendum" must include the Additional Insureds in respects to the Excess/Umbrella, it must be Primary and Noncontributory, and provide a Waiver of Subrogation.		EACH OCCURRENCE \$ 3,500,000 AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y / <input type="checkbox"/> N <input type="checkbox"/> N / A	NOTE: WC Statutory Limits Box MUST be checked. The Minimum Limits of Employer's Liability are: \$4,000,000 The limits shown on this specimen indicate satisfying these limits with a combination of Primary (\$500,000) and Excess Coverages.	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER		E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Project: Project Name to be Inserted Here; JB Project No.: Project Number to be Inserted Here
Johnson Bros., LLC, Johnson Bros. Corporation, Owner, Project Engineer and those required by specific contract are named as Additional Insureds as required by written contract with respects to General Liability, Automobile Liability and Excess/Umbrella Liability. This insurance is primary and non-contributory with respect to any other insurance available to said Additional Insureds.
Policies contain an endorsement that waives their rights of subrogation against Johnson Bros., LLC, Johnson Bros. Corporation, Owner, Project Engineer and those required by specific contract in connection with the work to the extent covered by the insurance required by Exhibit "B" of the written contract.

CERTIFICATE HOLDER Johnson Bros. Corporation & Johnson Bros., LLC 5476 Lithia Pinecrest Road P. O. Box 588 Lithia, FL 33547	NOTE: Please be sure to list the Certificate Holder as indicated in this Section.	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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